

Electronic Filing Cover Sheet

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(((H240000526513)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

5 ä

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please.

nail	Address	:	 	

REGISTERED AGENT CHANGE ASC LEASING III, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35,00

Electronic Filing Menu — Corporate Filing Menu

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 mge is submitted for a corporation orga ir to change its registered office or regis:	nized under the laws of the State of	Delaware			
1. The name of i	the corporation: ASC Leasing III, Inc.					
	office address: 415 MCFARLA	N RD, STE 205 KENNETT S				
	uddress (if different):					
4. Date of incorp	poration/qualification: 05/17/2019	Document number: F190000	002500			
	i street address of the current registered a treent of State: (If resigned, enter resigne		vith the			
	CORPORATION SERVICE COMPANY	,	_			
	1201 HAYS STREET					
TALLAHASSEE, FL 32301						
б. The name and (if changed):	street addiess of the new registered age	nt (if changed) and for registered of	2024 FEB - 7 SELVALIAN			
	C T Corporation System					
1200 South Pine Island Road			TANGE -			
PO, Hox NOT acceptable SCO						
	Plantation, Florida 33324		- FS co			
	ess of its registered office and the street be identical.					
authorized by at	is authorized by resolution duly adopted the board of the emporation has been no	itilied in writing of the change.	, 5,,,,,,,,			
	(4)	E. Bickford Brooks, CEO				
` ,	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl no filed merely to reflect a change in th been notified in writing of this change.					
	Start Comment	01/31/2024				
Ž	minre of Registered Agent	Date				
If signing on bel	half of an entity:					
	ICK, ASSISTANT SECRETARY					
1)	rped or Printed Name	111				

* * * FILING FEE: \$35.00 * * *

MANE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

By: